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FAX TRANSMISSION**DATE:** September 17, 2007**PTO IDENTIFIER:** Application Number 10/717,412-Conf. #7251

Patent Number

Inventor: Michael H. MCLERNON et al.**MESSAGE TO:** US Patent and Trademark Office/ MS Amendment**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

John S. Curran/NID/cfo

PHONE: (617) 994-0732**Attorney Dkt. #:** MWS-033**PAGES (Including Cover Sheet):** 38**CONTENTS:**
Transmittal (1 page)
Fee Transmittal (1 page in duplicate)
Amendment in Response to Non-Final Office Action (32 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
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PTO/SB/97 (09-04)

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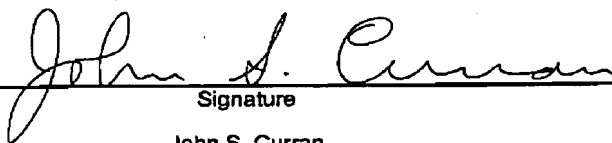
Application No. (if known): 10/717,412

Attorney Docket No.: MWS-033

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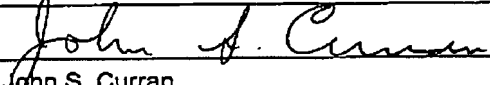
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| | | |
|--|------------------------|------------------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/717,412-Conf. #7251 |
| | Filing Date | November 18, 2003 |
| | First Named Inventor | Michael H. MCLERNON |
| | Art Unit | 2109 |
| | Examiner Name | P. S. Salomon |
| Total Number of Pages in This Submission | Attorney Docket Number | MWS-033 |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|---------|
| Firm Name | LAHIVE & COCKFIELD, LLP | | |
| Signature |  | | |
| Printed name | John S. Curran | | |
| Date | September 17, 2007 | Reg. No. | 50,4450 |

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Dated: September 17, 2007

Signature: 

John S. Curran

SEP 17 2007

PTO/SB/17 (08-07)

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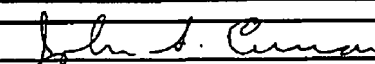
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| | | | |
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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810). FEE TRANSMITTAL For FY 2007 | | Complete If Known Application Number: 10/717,412-Conf. #7251 Filing Date: November 18, 2003 First Named Inventor: Michael H. MCLERNON Examiner Name: P. S. Salomon Art Unit: 2109 Attorney Docket No.: MWS-033 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 120.00 | | | |

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| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Note <input type="checkbox"/> Other (please identify): _____ | |
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| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| | | | | | | | |
|---|---|---------------------------------|--|---|---|--------------------------------------|--|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES Application Type Fee (\$) Small Entity Fee (\$) | | SEARCH FEES Fee (\$) Small Entity Fee (\$) | | EXAMINATION FEES Fee (\$) Small Entity Fee (\$) | | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | Small Entity Fee (\$) Fee (\$) |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | | 50 25 |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 100 |
| Multiple dependent claims | | | | | | | 360 180 |
| Total Claims 41 - 48 = 0 | | Extra Claims 0 | | Fee (\$) 50.00 | | Fee Paid (\$) 0.00 | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims 12 - 14 = 0 | | Extra Claims 0 | | Fee (\$) 200.00 | | Fee Paid (\$) 0.00 | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets - 100 = _____ | | Extra Sheets /50 = _____ | | Number of each additional 50 or fraction thereof | | Fee (\$) Fee Paid (\$) | |
| (round up to a whole number) x _____ = _____ | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | | | | | | | 120.00 |

| | | | |
|--|---|---------------------------|--|
| SUBMITTED BY | | | |
| Signature:  | Registration No. (Attorney/Agent): 50,445 | Telephone: (617) 994-0732 | |
| Name (Print/Type): John S. Curran | | Date: September 17, 2007 | |

| | |
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| Dated: September 17, 2007 | Signature:  (John S. Curran) |